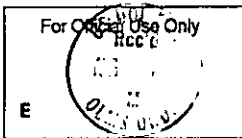


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11040</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name <u>William F Pickering</u> P.O. Box, Bldg., Room No., if any Street <u>113 University Place</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10003-4527</u>	4. Name, file number, and address of labor organization. Name <u>Local 259 United Automobile Workers</u> Labor Organization File Number <u>038-742</u> P.O. Box, Building and Room Number, if any Street <u>113 University Place</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10003-4527</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>W. F. Pickering</i></u>	On <u>08/05/2005</u>	<u>212-529-2472</u>
	Date	Telephone Number

Name of Person Filing William Pickering	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Local 259 UAW Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2185 Lemoine Avenue</p> <p>City Fort Lee</p> <p>State New Jersey ZIP Code + 4 07024-6306</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Trustee of Local 259 UAW Pension Fund (see attachment)</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement of expenses for attendance at educational conferences/seminar</p> <p>12.b. Amount. \$2,019</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Local 259 UAW Welfare and Pension Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2185 Lemoine Avenue City Fort Lee State New Jersey ZIP Code + 4 07024-6036	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Trustee of Local 259 UAW Welfare and Pension Funds (see attachment)
	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received. Value of meals provided at Board of Trustee meetings held on 1/8/04, 5/20/04, 8/23/04 and 12/6/04
12.b. Amount. \$315	

Name of Person Filing William Pickering

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Invesco Institutional

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1166 Avenue of the Americas

City New York

State New York ZIP Code + 4 10036-2727

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employee's name.

Name Local 365 UAW Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2185 Lemoine Avenue

City Fort Lee

State New Jersey ZIP Code + 4 07024-6036

11.a. Nature of such dealing.

Invesco Institutional provides investment management services for the Local 259 UAW Pension Fund

11.b. Approximate dollar value of such dealing. \$15,173,291

12.a. Nature of interest held or income received.

Business lunch on 8/13/04

12.b. Amount. \$35

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Amalgamated Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11-15 Union Square City New York State New York ZIP Code + 4 10036-2727	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employee's name. Name Local 365 UAW Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2185 Lemoine Avenue City Fort Lee State New Jersey ZIP Code + 4 07024-6036	11.a. Nature of such dealing. Amalgamated Bank provides custodial and investment management services for the Local 259 UAW Pension Fund
	11.b. Approximate dollar value of such dealing. \$14,177,341
	12.a. Nature of interest held or income received. Received holiday gift of a blanket which was donated to charity 12.b. Amount. \$38

LM-30 Attachment

Name: William F. Pickering
LM-30 File Number: To be assigned

Ending date of report period: 12/31/04

**LM-30 Items
Number**

8, 9, 11a and 11b	Per direction provided by U.S. DOL OLMS, Part B includes reporting of transactions including reimbursement of expenses by a trust in which the labor organization is interested as though the trust was a business. The information for item 11b is not in my possession.
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